

81

No

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09779096 FILING DATE 2-9-01
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
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39				/			89						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		5				TOTAL IND.						
TOTAL DEP.	29		33				TOTAL DEP.						
TOTAL CLAIMS	33		38				TOTAL CLAIMS						

INDEX OF CLAIMS

Claim	Date
1	
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SYMBOLS

✓	Checked
□	Unchecked
•	(Through control)	Controlled
◆	Notified
□	Not checked
!	Interference
A	Approved
O	Obtained

Claim		Date
Fund	Original	
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